

PLEASE PRINT CLEARLY TO COMPLETE THE INFORMATION BELOW

Transcript should be sent to:

Name _____

Address _____

City _____ State _____ Zip _____

Mail completed form and payment to:

Monticello Public Schools

Attn: Denise Swanson

334 S Main St

Monticello, WI 53570

Monticello High School Transcript Request

Student Name:

Graduation Year:

Former Name (if applicable):

Signature:*

Please Check:

____ For pick up: _____ (date)

____ Please mail

Number of Transcripts Requested:

Official Copies _____ (x \$5.00 each) \$ _____

Total Fees Enclosed: \$ _____

Method of Payment:

Cash

Check

Please provide a phone number where you can be reached during the day in the event we need to reach you:

(_____) _____

Area Code

Phone Number

**All requests must be in writing and include the student's signature. There is a 3 to 7 day processing time. Failure to complete this form in its entirety may result in delays. Requests will be returned if financial obligations to the school have not been met.*